



PATIENT

Winsten Mehta

SPECIES

Canine

BREED

English Bulldog

SEX

MN

AGE

7Y, 10M

WEIGHT

60lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Heron Lakes Animal
Hospital

REFERRING VET

Dr. Lera

INVOICE

73765

DATE

2-16-26

PRESENTING CLINICAL SIGNS

- Lameness on front left limb
- Hx of chronic ear infections

COMPUTED TOMOGRAPHY OF THE SKULL, FRONT LIMBS, ENTIRE SPINE, PELVIS AND STIFLE JOINTS

A high resolution pre- and post-contrast CT study of the skull, entire spine and front limbs is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The soft palate is thickened, measuring up to 18 mm in height and elongated, extending up to the arytenoid cartilages of the larynx.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

The right tympanic bulla is obliterated by non-contrast enhancing soft tissue material. The osseous lining of the right tympanic bulla is perforated ventrally. The osseous labyrinth of the right inner ear presents multiple osteolytic lesions. The wall of the horizontal segment of the right external ear canal is moderately thickened and presents moderate shell-like mineralization.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Spine

The osseous and soft tissue structures of the cervical spine reveal no abnormalities.

Mild congenital malformation of T7 to T10 is appreciated. The vertebral endplates T10/T11, L2/L3 and L6/L7 present spondylosis formation.

Level with the intervertebral disc spaces T13/L1, L2/L3, L5/L6 to L7/S1 disc material is protruding into the vertebral canal, occupying approximately ≤20% of the cross-sectional area of the vertebral canal at the same level respectively.

The remainder of the osseous and soft tissue structures of the thoracic and lumbar spine are within normal limits.

Front limbs

Both shoulder joints present smooth margins of the periarticular bones and the surrounding soft tissue structures are within normal limits.



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The periarticular bones of both elbow joints present moderate osteophyte new bone formation. The medial coronoid process of both elbow joints has an irregular shape and heterogeneous density. The joint space of the medial compartment of the elbow joints is significantly narrowed, L>R.

The osseous and surrounding soft tissue structures of the carpus bilaterally is within normal limits.

Pelvis and Stifle joints

The prostate is symmetrically enlarged and has a heterogeneous contrast enhancement pattern – presenting multiple fluid attenuating intraparenchymal lesions – partially protruding beyond the prostatic surface. The peritoneal fat surrounding the prostate presents mild soft tissue striation.

The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

The periarticular bones of both stifle joints present moderate osteophyte new bone formation. Both stifle joints present an intracapsular fluid attenuating swelling and thickened joint capsule and increased contrast enhancing. The patella of the right stifle joint is located cranial to the medial trochlear ridge. The right retropatellar space is collapsed and the medial trochlear ridge is shallow. At the craniomedial aspect of the medial femoral condyle two well-defined, solid mineralized bodies are appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided chronic otitis media with perforation of the osseous wall
- Right sided otitis interna
- Right sided chronic otitis externa with dystrophic mineralization
- Bilateral degenerative osteoarthritis stifle joints along with joint effusion and synovitis
- Right sided chronic medial patellar luxation with collapsed retropatellar space – indicative for abrasion of the joint cartilage
- Coronoid disease elbow joint bilaterally
- Narrowed medial compartment elbow joint bilaterally – indicative for joint cartilage damage
- Intervertebral disc herniation T13/L1, L2/L3, L5/L6 to L7/S1 with possible dynamic myelocompression
- Spondylosis deformans T10/T1, L2/L3 and L6/L7
- Elongated and thickened soft palate
- Benign prostatic hyperplasia with intraprostatic cysts
- Multiple absent teeth
- Normal cervical spine
- Normal carpus
- Normal shoulder joints

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degenerative joint disease of the elbow joints is commonly a sequela to pathology of the cranial cruciate ligament ± meniscal pathology. A positive drawer sign or tibial compression test under general anesthesia will support the diagnosis – partial rupture of the cranial cruciate ligament and potential thickening of the synovial capsule can result in only mild instability.



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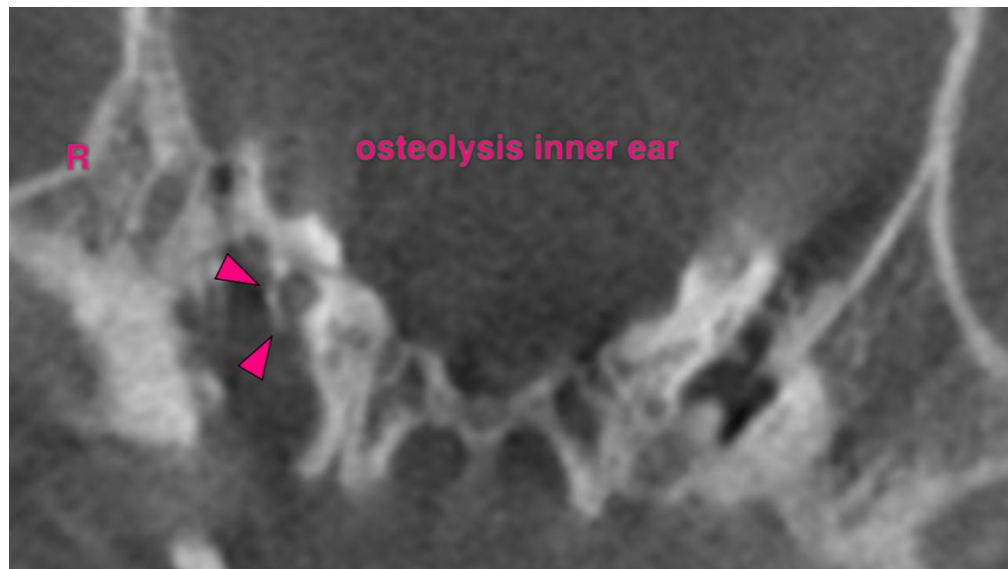
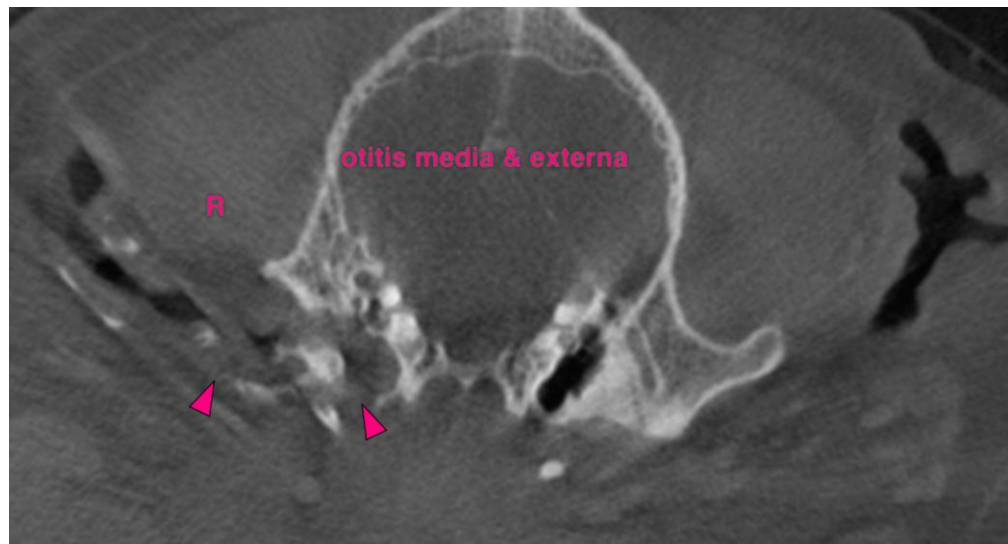
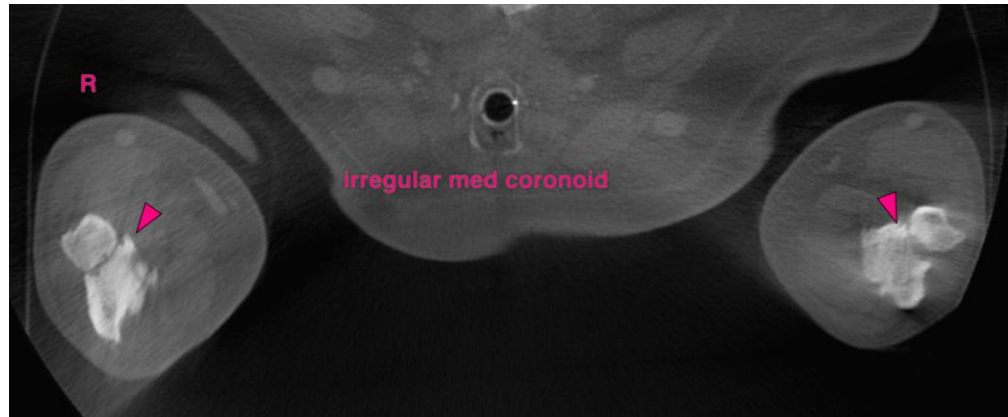
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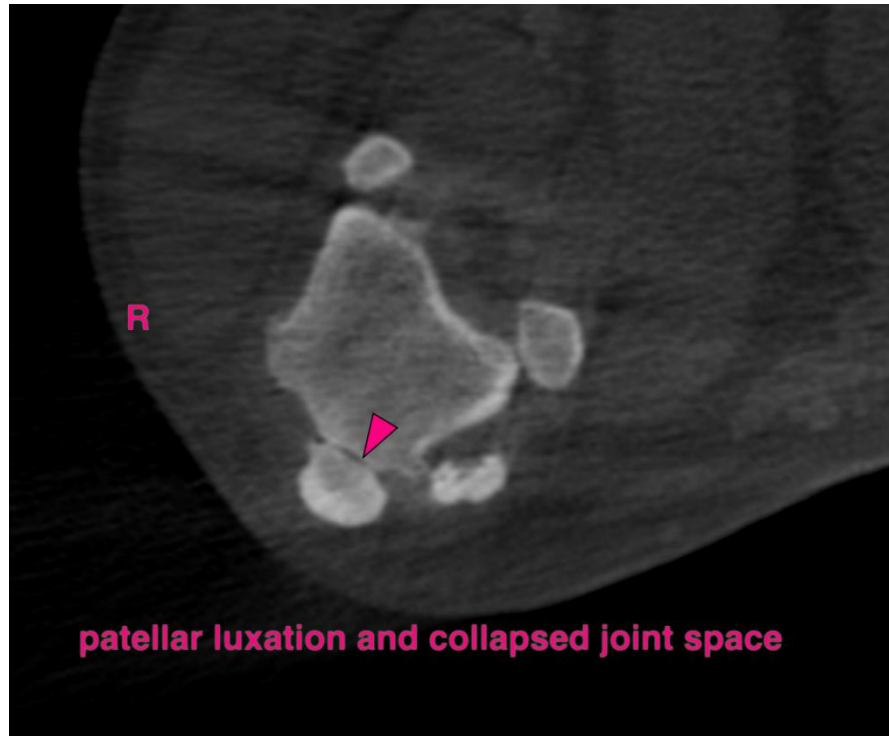
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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